Building Bridges:

IMPROVING *CARE IN CUSTODY* FOR PEOPLE LIVING WITH MENTAL ILLNESS

MAY 2011

NOVA SCOTIA

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Introduction

Howard Hyde was born on October 6, 1962. Until his late teens Mr. Hyde lived a fairly typical life. He left high school, likely feeling the same hopes and dreams as other graduates, and went on to study English and music at university. Just a few years later he was diagnosed with paranoid schizophrenia.

This reminds us that mental illness can affect a friend, a family member, or any one of us at any time. We expect that the treatment and support will be there to help us, if needed. We also expect that if the effects of our illness bring us into conflict with the law, we will receive appropriate care in custody.

Throughout his life Mr. Hyde did receive care and treatment as well as family and community support. Yet, symptoms of his chronic schizophrenia recurred in November 2007, ultimately resulting in behaviour that was in no way typical of Mr. Hyde when he was well.

This behaviour started a chain of events where Mr. Hyde was in the care and custody of both the criminal justice and health care systems. His experience made it abundantly clear that system, process, and training issues need to be addressed to improve care in custody for people living with mental illness.

On December 8, 2010, Provincial Court Judge Anne Derrick submitted her report on the inquiry into Mr. Hyde's death, which occurred on November 22, 2007. Her report includes a series of recommendations relating to

- mental health services and supports
- collaboration
- training
- the use of force
- supports within the criminal justice system

We are acting, and will continue to act, in each of these priority areas.

We have started bridging gaps in understanding and training to help those who are responding to people living with mental illness to do so more effectively. We are building and strengthening bridges between the criminal justice and health care systems, so that all who work within them feel well supported. And we are focusing our efforts on bridging people living with mental illness from custody onto a path to recovery.

Government cannot, and should not, act alone. These issues are complex and will take time to be fully addressed. They also require us to work closely with government organizations and partners, with community organizations and advocates, and with people living with mental illness and their family and friends. Perhaps most importantly, the police, sheriffs and corrections staff – the doctors, nurses, and other health care providers – need ongoing support so they can work together effectively to provide the best possible care for people living with mental illness in custody.

We thank Judge Derrick for her thorough and thoughtful report; Dan MacRury, who acted as inquiry counsel; and all who participated in the inquiry.

Judge Derrick's introduction includes testimony from Mr. Hyde's partner, Karen Ellet, who described him when he was well. This testimony bears repeating here, because as much as Judge Derrick's report focuses on systems and the need for change within them, this report is really about people.

Ms. Ellet said Mr. Hyde was

"a very fantastic person ... He was very caring of people ... He loved sports ... He was a musician ... Many people liked him. He was just a joy to be around."

To all who laughed with Mr. Hyde when he was well, worried about him when he was not, and cared for him always: Know that his life continues to touch others as we learn from his experience and work to improve care in custody for people living with mental illness.

Executive Summary

On December 8, 2010, Provincial Court Judge Anne Derrick submitted her report on the inquiry into Howard Hyde's death, which occurred on November 22, 2007. Her report includes a series of recommendations relating to mental health services and supports, collaboration, training, the use of force, and supports within the criminal justice system.

We are acting, and will continue to act, in each of these priority areas.

Mental Health Services and Supports

Judge Derrick's first recommendation is to develop a provincial mental health strategy that will lead to comprehensive, coordinated action and better standardization of care.

Work is well under way.

A Mental Health and Addictions Strategy Advisory Committee – including social workers, experts in mental health, advocates, people living with mental illness and their family members, and community leaders – is now consulting Nova Scotians. The committee will make recommendations in fall 2011 on a number of the priority areas identified by Judge Derrick, including access to and funding for services, particularly community-based ones, and different ways to deliver these services.

In the meantime:

- More services, such as collaborative "shared care clinics" and peer-support programs, are being moved to community settings.
- New community living units will open this fall to help people recovering from mental illness make the transition from hospital to independent living.
- A new Psychiatric Intensive Care Unit has opened at the East Coast Forensic Hospital, available to patients across the province. This unit helps ensure individuals, who are at risk of becoming extremely aggressive, get appropriate care within a hospital setting, rather than having their behaviour result in an assault or other action that brings them into the criminal justice system.
- Better Care Sooner, government's plan for emergency health care, supports teams of health professionals working together in communities and improves emergency care for people with mental illness. (See www.gov.ns.ca)
- Halifax is hosting an international conference on collaborative mental health care.
- Representatives from Nova Scotia are participating in a by-invitation-only conference in Alberta called Mental Health and the Justice System – A Symposium to Promote Collaboration.

Stigma and discrimination are priorities that can only be reduced by everyone working together.

- The Promotion, Anti-Stigma/Discrimination, Prevention and Advocacy working group will continue to partner with the Mental Health Commission of Canada.
- Government is reviewing the mental illness language guide put forward by the Canadian Mental Health Association and will share it widely with organizations delivering health care and criminal justice services.

The province is also focusing on improving evaluation. This work is expected to include collection and analysis of better data on patient outcomes.

Collaboration

Effective collaboration must exist at all levels, from policy development down to the front line, where people have an immediate and direct influence on those who are living with mental illness. More people are now working together at more levels, and on more projects, than ever before.

- A new Mental Health and Justice Liaison Committee is in place, with expanded terms of reference and membership including the Canadian Mental Health Association and the Schizophrenia Society of Nova Scotia.
- The Consensus Project referenced by Judge Derrick has informed and will continue to inform the actions of the liaison committee.

People also need to have the right policies and tools to support better documentation, sharing of information, and care in custody.

- The 2006 Health Information Transfer (HIT) form has been recirculated, with information on how to properly complete it.
- The 8-1-1 nurse line, which now has a comprehensive list of mental health services, will be promoted to police agencies.
- The Mental Health and Justice Liaison Committee will consider how to balance the benefits of sharing information between the health care and criminal justice systems with the individual's right to privacy.

We will continue to learn from successful collaboration models already working, such as the mental health court and the Mental Health Mobile Crisis Team. The crisis team made more than 12,000 interventions last year, and a campaign will be developed to build awareness of its services.

Training

Training is an ongoing process for people working in both the health care and criminal justice systems. Some of the highest-priority training, such as identifying people who may be experiencing a psychiatric emergency and crisis intervention and de-escalation, has already been incorporated into existing modules and delivered.

But training must be refreshed regularly and involves almost 4,500 people working across the province in the criminal justice and health care systems. It also must be delivered differently – for example, directly involve people living with mental illness or their friends and family members – and cover broader topics that span the two systems.

A training working group will develop a comprehensive plan to identify what additional training is required, who should receive it, and how it should be delivered. Training is required to support individuals in

- understanding and responding to mental illness
- incorporating crisis intervention and de-escalation techniques before using force
- identifying and caring for people experiencing a psychiatric or medical emergency (including understanding the difference between forensic and civil psychiatric assessments)
- information sharing (including the HIT form and the *Involuntary Psychiatric Treatment Act*)
- policies and procedures

The Use of Force

While the inquiry found that police and corrections officers used force that was reasonable, more can be done to clarify Nova Scotia's guidelines, particularly as they relate to conducted energy weapons and prone restraint.

Clear policies and procedures must be in place to direct when a conducted energy weapon should be used. Comprehensive provincial guidelines are now being finalized. They will include specific direction regarding people living with mental illness or those who are experiencing a psychiatric emergency.

Use-of-force training has been adapted and is being delivered with a greater emphasis on crisis intervention and de-escalation techniques. This appears to be making a difference, with the use of conducted energy weapons dropping significantly. The use of the probe – the most forceful application – has decreased most significantly, by 74 per cent between 2007 and 2010.

Supports within the Criminal Justice System

Individuals whose actions result from their illness, and not ill intent, need access to diversion programs that can move them onto a path of recovery as they also take responsibility for their actions.

Nova Scotia opened a mental health court that focuses on helping people improve their mental health, which, in turn, reduces risk to public safety. Since the court opened in November 2009, 25 individuals have completed the program. More than 40 people are currently participating, and 34 referrals are being screened.

As well, an Integrated Adult Restorative Justice Pilot Program is now operating in Colchester–East Hants and the Cape Breton Regional Municipality. While this project is not limited to people living with mental illness, it is expected to benefit them too.

People living with mental illness must get the care they need while in court and custody. Actions include the following:

- Psychiatrists will continue to be available at the Halifax and Dartmouth provincial courts to ensure that psychiatric assessments can occur without delay.
- The Capital District Health Authority and the Central Nova Scotia Correctional Facility are piloting a new admissions screening tool to ensure that people at risk are identified before being taken into custody.
- Health staff, along with corrections staff, check regularly on individuals in the health segregation unit at the Central Nova Scotia Correctional Facility. Tip sheets are now posted on all health segregation cell doors, providing information on the signs and symptoms to watch for and report on.
- The Department of Justice has installed video surveillance cameras in health segregation cells to help identify when someone is in crisis.

Finally, people living with mental illness can only successfully transition back into the community if they have a safe place to stay.

The Department of Community Services has been working closely with the shelter community, non-profit organizations, housing authorities, private landlords, and district health authorities on a number of initiatives to help move people, including those living with mental illness, from temporary to permanent housing.

For example, Community Services provides shelters with rent supplements to help people in shelters (some of whom are living with mental illness) move into permanent housing. Community Services has joined the Mental Health and Justice Liaison Committee to discuss how to build on current initiatives to help people living with mental illness who are moving out of custody and into the community.

Reporting Progress

A report on the progress in each of the priority areas will be released in 2012.

Mental Health Services and Supports

Mental health issues are widespread and can affect anyone, no matter where they live, what they do, and what their age. One in five Nova Scotians, or about 188,000 people, will experience some form of mental health disorder this year.

In recent years, significant progress has been made in providing appropriate, effective mental health services and supports. (See Appendix A.) For some people, these services, along with support from their family and community, are adequate to help them manage their illness.

For others, the services – and the system that is meant to connect and support them – are not enough.

Howard Hyde was one of those individuals.

As Judge Derrick pointed out, Mr. Hyde had received mental health treatment and care, as well as community-based support, through services such as the Supported Community Outreach Team (SCOT) and Connections Clubhouse, a peer-support program. She also noted that concerns around stigma and other issues may have ultimately impacted his ability to manage his illness.

What can we learn from Mr. Hyde's experience that can help others?

Inquiry recommendations relate to

- access to and funding for appropriate, effective treatment and supports targeted at priorities such as community-based services
- delivery of services, which includes looking at how health care professionals can work together differently as part of teams, as well as building on peer-support programs
- public awareness and other efforts to reduce stigma and discrimination
- accountability for results

These are significant issues that cannot be effectively considered or addressed piecemeal, in isolation of one another. Judge Derrick's first recommendation is to develop a provincial mental health strategy that will lead to comprehensive, coordinated action and better standardization of care.

We agree. Work is well under way.

Provincial Mental Health and Addictions Strategy

Comprehensive. Based on diverse expertise, experience, and evidence

In 2010 the province committed in the Speech from the Throne to develop a provincial mental health and addictions strategy.

The greatest strengths of our mental health system are the dedicated people who work within it. These individuals care deeply about the people they are trying to help, and many of them express the same frustrations as people living with or affected by mental illness. Our strategy will reflect the advice, experience, and perspectives of all those who are working within and are affected by the mental health system.

Action Complete

- A 12-member Mental Health and Addictions Strategy Advisory Committee is in place. The committee is co-chaired by Dr. Michael Ungar, an experienced social worker and family therapist, and Joyce McDonald, who has worked as a psychiatric nurse, patient rights adviser, and executive director of the Canadian Mental Health Association. These individuals are joined by experts in mental health, advocates, people living with mental illness and their family members, and community leaders. (For a complete list of the committee members, see Appendix B.)

Actions in Progress

- The Nova Scotia Health Research Foundation is working closely with the advisory committee to share evidence and best practices.
- Nova Scotians have been sharing their ideas, concerns, and experiences about mental health during public meetings across the province, and online, this spring.
- The advisory committee is considering recommendations from the inquiry related to:
    - mental health services, including different ways to deliver these services
    - access to services, particularly community-based programs and supports

The strategy will focus on both mental health and addictions services. It will address some of the issues identified in the Hyde inquiry but will take a broader focus, in much the same way that the Hyde report raises issues that are broader than mental health services.

The advisory committee will report to the Minister of Health and Wellness in fall 2011. These recommendations will be considered as part of the business and budget planning process for the coming and future years.

While the recommendations of the advisory committee will be critical in developing a comprehensive, long-term strategy, action is already under way in a number of areas to provide better mental health care sooner.

Accessible and Appropriate Treatment and Supports

Community based. Funding targeted at priorities.

We agree with putting a greater emphasis on community-based programs and services.

Already, more services and supports are being moved to community settings to improve access for people living with a mental illness.

As well, gaps in services are being identified to assist in setting priorities as services expand.

Actions in Progress

- Shared care is now available from four community clinics in Capital Health and the IWK. The community clinics engage with 12 family practice clinics involving 70 family physicians. With shared care, a social worker and consulting psychiatrist work with family doctors in clinics. People can access mental health services at these clinics more easily because they are located in their community. They can go to the clinics with less fear of stigma, because mental health services are among the range of health care services being offered. Family doctors also benefit from greater access to specialized clinical mental health expertise.
- More than $10 million is being invested in building new community living units to help people recovering from mental illness make the transition from hospital to independent living. Staff will be available to the 40 residents who live within these homelike bungalows to help them with their rehabilitation and skills development. The units will open this fall.
- The Department of Health and Wellness is working with district health authorities to identify gaps in services across the province.

Shared Care

In the Chebucto Wellness Centre, family physicians at the Cowie Hill Medical Group are working with pharmacists and staff from Capital Health's addictions services, mental health, public health, and primary health care programs. This team is providing a range of services closer to home and reducing stigma by emphasizing health promotion, prevention, and early intervention.

The North End Community Health Centre provides mental health services to individuals living and working in the community as well as to numerous community agencies, including ARK Outreach, Turning Point, Metro-Non-Profit Housing Support Center, Salvation Army, Pendleton Place, and Hope Cottage, among others.

Judge Derrick also recommended that services be available to people living with mental illness across the province.

Action Complete

- A new Psychiatric Intensive Care Unit has opened at the East Coast Forensic Hospital. Individuals who are at risk of becoming extremely aggressive and cannot be safely treated in other hospitals across the province can be admitted to the unit to stabilize their condition. Within this unit, mental health professionals have specific training and frequent experience in treating people who are exhibiting aggressive or harmful behaviours. The unit is spacious, with natural light and secure patio access, designed to have a calming effect on patients. This fills a gap in service for district health authorities across the province. Most significantly, this unit helps ensure individuals get appropriate care within a hospital setting, rather than having their behavior result in an assault or other action that brings them into the criminal justice system.

Funding for mental health care is another important issue.

Actions in Progress

- As the province awaits recommendations from the Mental Health and Addictions Strategy Advisory Committee, the IWK and district health authorities have been advised to protect funding for mental health and addictions services, at least at current levels.
- Districts and the IWK are streamlining administration so resources are targeted toward the front line, reducing wait times and improving patient care.

Mental Health Strategic Plan

The IWK Health Centre has developed a Mental Health Strategic Plan. Among other things, it looks at wait times, more community-based services and primary care collaboration, and a reorganization of the intake process for its programs, which primarily serve children, youth, and their families.

Actions Mid- to Long-Term

- Sustainable funding for mental health services needs to increase, balanced with the need for the province to live within its means.
- Increases must be tied to the targeted priorities identified in the mental health and addictions strategy.

Delivering Services Differently

Teamwork. Peer-support programs. Best practices.

Patient care is best delivered when all health professionals work effectively together in teams. Care for people with mental illness is no exception and is proving to be the most effective when those teams are working together at the community level.

Action Mid- to Long-Term

- Better Care Sooner (the province's emergency health care plan released in December 2010) stresses the importance of teams of health professionals working together to deliver care. People who provide mental health services should become part of these teams as collaborative practices form and expand in more communities.

We recognize, and agree with Judge Derrick, that stigma and discrimination prevent some people from accessing the help they need. More peer programs can help remove or reduce stigma and discrimination as well as offer better support and outcomes for people living with mental illness.

Actions in Progress

- Peer support can involve people who have experienced recovery as part of treatment teams with mental health clinicians. Guidelines and training are important for the growth of peer-support programs. We are closely monitoring a national Peer-Support Project in this area, led by the Mental Health Commission of Canada.
- We will build on the peer-support programs existing in several areas of the province, such as clubhouses. These clubhouses enable people living with mental illness to socialize, gain volunteer experience, and build confidence and skills, such as resumé building and interview practice, to help them find work.

Peer Support

Crossroads Clubhouse in Sydney is a community-based recovery program serving more than 200 individuals living with mental illness. Supported by the Cape Breton District Health Authority, clubhouse members can socialize, support one another, and work collaboratively on tasks ranging from planning social events to producing a monthly newsletter. Crossroads can also help members find volunteer work experience, paid employment, and appropriate housing.

Our overall focus is on evidence-based approaches and best practices with proven results. While our strategy will be tailored to the needs and experiences of Nova Scotians, we are interested in adopting or adapting programs and approaches that work elsewhere in Canada and around the world.

Actions in Progress

- In May 2011, a by-invitation-only conference called Mental Health and the Justice System - A Symposium to Promote Collaboration is being held in Calgary. This conference will bring together expert practitioners and policy makers in mental health, criminal justice and social policy to discuss ways of improving responses of the mental health and criminal justice systems when addressing the needs of individuals living with mental illness; engaging other ministries in reframing criminal justice responses to individuals living with mental illness to focus on a holistic, client centered approach; and identifying effective approaches for collaboration and sustainable partnerships between and within governmental and non-governmental systems. Four representatives from Nova Scotia are participating.
- In June 2011, Halifax will host a conference on collaborative mental health care. The conference will bring together leading thinkers, as well as people delivering mental health care, from around the world. Our province's mental health leaders and clinicians will participate to gain from their insights as well as share Nova Scotia's experiences.

Public Awareness to Reduce Stigma and Discrimination

Need for community and national approach. Appropriate use of language.

Stigma and discrimination are very real issues that can deter some people from seeking a diagnosis or accessing mental health treatment and support. This is a reality with no easy or single solution.

Stigma and discrimination will only be reduced by everyone – governments, service organizations, businesses, and individuals – working together. It starts with a better understanding of mental health and mental illness.

Action Complete

- The Promotion, Anti-Stigma/Discrimination, Prevention and Advocacy (PAPA) working group is focusing on this significant issue. Co-chaired by mental health staff in the Department of Health and Wellness and a psychologist from the Cumberland Health Authority, members include mental health clinicians and people living with mental illness. To date, projects have focused on various aspects of education and anti-stigma, including a study on the portrayal of suicide and mental illness in news media. The working group also developed a strategy focusing on depression, including targeted materials for men, women, teens, seniors, and the workplace. (See www.gov.ns.ca/health/mhs/depression/depression.asp)

Actions in Progress

- The PAPA working group will consider the work of the Mental Health Commission of Canada to identify projects that would benefit Nova Scotians in terms of improving education and reducing the stigma associated with mental illness.
- We will continue to support the work of mental health organizations such as the Canadian Mental Health Association and the Mental Health Foundation of Nova Scotia in their efforts to change the way Nova Scotians think about mental illness. The Mental Health Foundation of Nova Scotia's Opening Minds campaign and awareness ads featuring community leaders are a few examples of how committed organizations and individuals can open minds and change perceptions.

Working with the Mental Health Commission of Canada

The Digby Clare Mental Health Volunteers Association delivered the Mental Health Matters program at four high schools, involving 1,000 students. The presentation included a panel with a psychiatrist and two youth who have personal experience with mental illness. Each panel member discussed mental illness-related stigma. This program will be evaluated this year.

Youth Speak is peer-to-peer education at Laing House in Halifax. Youth Speak is intended to increase knowledge, awareness, and understanding of mental illness while decreasing the stigma and discrimination often associated with it. The interactive workshops, led by Laing House members who are living with mental illness themselves, encourage the audience to seek help and speak out to break down the barriers of mental illness.

The IWK has offered to be a test site for anti-stigma efforts within an emergency department and to share experiences of patients and their families, including how they feel about the treatment they receive from health care providers.

Words can also have great influence and power. Poor language choices often result from a lack of understanding or knowledge of appropriate options. The province can play a leadership role in replacing outdated and hurtful language with appropriate and respectful language.

Action in Progress

- The departments of Health and Wellness and Justice, as well as the Mental Health and Justice Liaison Committee, are reviewing the mental illness language guide put forward by the Canadian Mental Health Association during the Hyde inquiry. (See www.responseability.org/client_images/943102.pdf) The document, from the Response Ability initiative of the Australian government, will be shared with all other government departments as well as with organizations delivering health and justice services (e.g., district health authorities, the IWK, police agencies, legal services, courts, and other partners).

Accountability for Results

Leadership. Clear accountability. Evaluation of results.

We agree with Judge Derrick that dedicated leadership is needed within the Department of Health and Wellness to provide oversight for the mental health and addictions strategy. Clear lines of accountability must also be in place at senior levels.

Action Mid- to Long-Term

- A senior leader within the Department of Health and Wellness will be accountable for the mental health and addictions strategy's implementation. This accountability will be assigned once recommendations from the advisory committee have been received and requirements of the strategy have been determined.

The province plans to monitor more than what is merely being done and will evaluate what is being achieved in terms of patient outcomes.

Action in Progress

- Mental health and addictions wait-time projects will soon be in place. Consistent, province-wide indicators are being collected to assist with program planning and resource allocation.

Action Mid- to Long-Term

- Better data on patient outcomes will be collected and analysed. This can support continuous improvement in the delivery of mental health care province-wide.

"We don't do a good job of measuring patient outcomes at all. We need to do better, and we will do better, as we move toward standardization in delivering care and treatment for people with mental illness."

– Health and Wellness Minister Maureen MacDonald

SUMMARY OF ACTIONS

ACTION	COMPLETE	IN PROGRESS	MID- TO LONG-TERM
Provincial Mental Health and Addictions Strategy			
Provincial mental health strategy		•	
Mental health and addictions strategy advisory committee	•		
Strategy linked to research and evidence		•	
Public consultations		•	
Advisory committee considering service delivery and access to services		•	
Accessible and Appropriate Treatment and Supports			
Community-based clinics	Some open now	•	
Community-living units		•	
Gap analysis		•	
Psychiatric Intensive Care Unit	•		
Protected funding and priority on front-line services		•	
Increased and targeted mental health funding			•
Delivering Services Differently			•
Mental health care providers part of more collaborative practices		•	
Peer-support programs	Some operating now		
National and provincial peer-support projects		•	
Symposium to promote collaboration, Calgary		•	
International conference on collaborative mental health care, Halifax		•	
Public Awareness to Reduce Stigma and Discrimination			
Promotion, Anti-Stigma/Discrimination, Prevention and Advocacy (PAPA) working group; depression strategy	•		
PAPA considering work of Mental Health Commission of Canada		•	
Collaboration with mental health groups (e.g., Opening Minds)		•	
Respectful language being reviewed; to be shared government-wide and with health and justice partners		•	
Accountability for Results			
Senior leader accountable for strategy implementation			•
Wait-time projects; collection of indicators to help plan		•	
Better collection and analysis of data on patient outcomes			•

Collaboration

While most people with mental illness will never contemplate or commit a crime, others will end up in court, in need of treatment and support more than custody.

This reflects what happened to Mr. Hyde. In November 2007, a recurrence of the symptoms of his illness led to a dramatic change in his behaviour and actions that no one had experienced with Mr. Hyde when he was well. This started a chain of events where Mr. Hyde was in custody, in an ambulance and ER, then in court, and in custody again, where he collapsed and ultimately died.

The relationship between mental illness and involvement in the criminal justice system is complex and is one that all jurisdictions struggle to understand and address. Knowledgeable, caring professionals who work within both systems may have a very clear understanding of their own responsibilities, but their knowledge of the responsibilities and authority of others may be more limited.

Mr. Hyde's experience can serve to benefit others. While bridges have been built between the two systems, the silos need to collapse so the people who work within the health and criminal justice systems can collaborate more effectively.

Inquiry recommendations relate primarily to

- forums to improve collaboration within government and with community partners
- information sharing, particularly in times of crisis
- the Mental Health Mobile Crisis Team

Collaboration within Government and with Community Partners

Mental Health and Justice Liaison Committee. Consensus Project.

Effective collaboration must exist at all levels, from policy development down to the front line, where people have an immediate and direct influence on those who are living with mental illness.

Actions Complete

- A new Mental Health and Justice Liaison Committee is in place, with expanded membership including representatives from the departments of Health and Wellness, Justice, and Community Services; East Coast Forensic Hospital; Capital District Health Authority; Canadian Mental Health Association; Schizophrenia Society of Nova Scotia; IWK; police; Criminal Court Review Board; Nova Scotia Legal Aid; and Nova Scotia Health Research Foundation. (See Appendix C for full membership.)
- The liaison committee is accountable to the deputy ministers of Health and Wellness and Justice.
- New terms of reference are in place that include an emphasis on the dignity and the human rights of people living with mental illness who are in conflict with the law, as recommended by Judge Derrick. (See Appendix D for terms of reference.)
- Working groups are in place, with partners from inside and outside of government, to examine and act in the priority areas identified within the Hyde report.
- Nova Scotia's mental health court is now open and serves as an example of collaboration on the front line. Clients referred to the program are assessed by a team of mental health professionals. Once accepted into the program, the mental health court team (which includes clinicians, lawyers, and a probation officer) works with the clients to set up and monitor their participation in a community support plan. Clients appear regularly before the mental health court judge so the court can review how they are doing with their support plan. (See pp. 41-42.)

All partners have come forward with a strong commitment to making life better for people living with mental illness who come into conflict with the law. However, the number of groups involved, directly or indirectly – each with their own mandates and priorities – presents challenges that other jurisdictions are also grappling with.

As we learn from Mr. Hyde's experience, we can also learn from others. For example, the Criminal Justice/Mental Health Consensus Project in the United States brought together law and policy-makers, judges and lawyers, people working in mental health, people living with mental illness, community organizations, and others. They worked for two years to develop practical recommendations to help people with mental illness who are falling through their social safety net. They concluded that the social safety net is woven most tightly when partners within the criminal justice and mental health systems work together.

"The single most common denominator shared among communities that have successfully implemented the criminal justice and mental health systems' response to people with mental illness is that each started with some degree of co-operation between at least two key stakeholders: one from the criminal justice system and the other from the mental health system."

– Criminal Justice/Mental Health Consensus Project

Action in Progress

- The work of the Consensus Project was considered in the development of the Mental Health Mobile Crisis Team and will inform the work of the Mental Health and Justice Liaison Committee.

Information Sharing

Policies and procedures. Good information for those first on the scene. Privacy.

During his last 30 hours Mr. Hyde encountered many individuals who were acting professionally, with good intent and on their understanding of their responsibilities. However, they did not all have a good understanding of the responsibilities of the others that he would encounter. Information that could have been useful to the different individuals who were responsible for him simply did not make it through the chain.

A significant part of the response to this issue is through training. (See Training, pp. 27-34.)

At the same time, people need to have the right policies, procedures, and tools available to them to allow for better documentation and sharing of critical information about the condition of people who are living with mental illness and in custody.

Actions Complete

- The 2006 HIT (Health Information Transfer) form (www.gov.ns.ca/just/forms), which must accompany anyone in custody when they are being transported to hospital, has been recirculated to all police agencies and is now available online. The transporting officer, as well as people at the hospital, must complete sections of the form that include reporting on aggression toward others, the potential for self-harm, and any known medications. The health care provider must also report on any treatment received, as well as directions for further care, before the individual is released. Training on the form's appropriate use, for all who are required to use it, is also being developed to support existing information. (See p. 32.)
- The deputy minister of Health and Wellness has directed all district health authorities and the IWK to review their policies and procedures so that important patient information is retained and available to those who require it to provide appropriate care to the patient.

Actions in Progress

- The Capital District Health Authority and the Central Nova Scotia Correctional Facility are piloting a new admissions screening tool based on standard questions. The goal is to ensure that people at risk of deterioration can be identified immediately or that arrangements can be made without delay for a more thorough examination by a qualified mental health professional.
- Justice is developing written reporting procedures for those working in the health segregation area of the Central Nova Scotia Correctional Facility. This will enable corrections officers to standardize reporting on the behaviour of people in custody to the officers who relieve them. Reports can then be sent to the Offender Health Unit and made available to escort officers.

Action Mid- to Long-Term

- Electronic health records (EHRs) will allow hospital workers to get a patient's complete health profile in order to improve care, including information on medications and treatments for illness. Currently, hospital admissions and discharge information, diagnostic images, and lab results are available from 2010 onward for patients who have used these services since that time. Over the longer term, SHARE, Nova Scotia's electronic health record system, will securely hold records related to every patient's care. That information can then be made available electronically and securely to those health care providers who need it to provide care.

Police are often the first to respond to a disturbance or other 9-1-1 call. When an individual is identified as having a mental illness, or when the person's behaviour suggests that this might be the case, it is important that police have quick and comprehensive access to services and supports available in the community, including paramedics at the scene.

Action in Progress

- A comprehensive and accurate list of services and supports for people living with mental illness has been developed and shared with staff on the 8-1-1 nurse line. The 8-1-1 line will be promoted with police forces across the province. Police will then have access to more information, which could mean getting an individual care and treatment instead of that person ending up in custody.

While health information needs to be shared among those responsible for the care and custody of individuals living with mental illness, these individuals also have a reasonable right to privacy. As well, sharing information about someone's mental illness, without appropriate protections, can add to the stigma an individual may already be experiencing.

At the same time, police need access to information to support their responsibility for public safety.

Balancing these considerations – individual's privacy rights, the ability to provide appropriate care, and public safety – is complex and an issue being considered across the country and beyond.

Actions Mid- to Long-Term

- The Mental Health and Justice Liaison Committee will consider how to balance the need to share information between the health and criminal justice systems with the individual's right to privacy. Asking individuals for express consent, whenever possible, is a basic principle guiding this discussion. The Department of Health and Wellness will also review the need to balance the benefits to patients from sharing information with the need for confidentiality, within the context of the *Personal Health Information Act* and the development of electronic health records.
- Gérard La Forest, a retired Justice of the Supreme Court of Canada, has been appointed to advise the Department of Health and Wellness on the process for reviewing the *Involuntary Psychiatric Treatment Act*. It is expected that Justice La Forest will recommend that the review include a legal analysis of how well the act conforms with the Canadian Charter of Rights and Freedoms and the United Nations Convention of the Rights of Persons with Disabilities.

Mental Health Mobile Crisis Team

Building on what is working.

The Mental Health Mobile Crisis Team is a practical example of collaboration at work to support and benefit people with mental illness. The team is a partnered crisis support service of Capital Health, IWK Health Centre, and Halifax Regional Police. The crisis team includes mental health professionals and police officers.

The crisis team provides intervention and short term crisis management for children, youth, and adults experiencing a mental health crisis. They offer 24/7 telephone intervention throughout Capital Health and a mobile response is available in most communities within the Halifax Regional Municipality between 1 p.m. and 1 a.m. The support is confidential, non-judgmental, and respectful. Support is also provided to families, friends, community agencies and others to manage mental health crisis through education, outreach and consultation.

The Mental Health Mobile Crisis Team conducted more than 12,000 interventions last year, helping more than 3,000 individuals.

APR. 1, 2010–MAR. 31, 2011

Number of "unique callers" (i.e., separate individuals served)	3,158
New to the service	1,809
All interventions	12,783

Two ways to build on the success are:

- to ensure appropriate follow-up after a crisis passes
- to increase awareness abut the support the team can provide

Action Complete

- The crisis team has dedicated a clinical practice lead position to ensure people who have experienced a crisis receive appropriate follow-up. This individual connects with the patient's family doctor or treating psychiatrist to share information and discuss a crisis response plan to guide appropriate follow-up. The follow-up could include referral to community agencies or services, referrals for ongoing mental health services, or immediate referral to the Crisis Emergency Service's new Mental Health Urgent Care Service.

Action Mid- to Long-Term

- An awareness campaign is being developed on the services and support available through the Mental Health Mobile Crisis Team. The campaign will be targeted at people working in health care and law enforcement as well as community organizations and people living with or affected by mental illness.

SUMMARY OF ACTIONS

ACTION	COMPLETE	IN PROGRESS	MID- TO LONG-TERM
Collaboration within Government and with Community Partners			
Mental Health and Justice Liaison Committee; expanded membership	•		
New terms of reference; liaison committee accountable to deputy ministers of Health and Wellness and Justice	•		
Collaborative working groups in place to act on inquiry priorities	•		
Learning from the Consensus Project		•	
Information Sharing			
HIT form recirculated	•		
DHAs and IWK advised to review information-sharing policies and procedures	•		
Development of new screening tool before admission to correctional facility		•	
Standardized reporting on behaviour of people in custody		•	
Electronic health records			•
Promotion of 8-1-1 nurse line with police		•	
Balancing health and public safety benefits of information sharing with privacy rights			•
Reviewing the *Involuntary Psychiatric Treatment Act*			•
Mental Health Mobile Crisis Team			
Clinician dedicated to ensure appropriate follow-up after people experience crisis	•		
Awareness campaign on crisis team services and support		•	

Training

A recurring theme emerging from the evidence in the inquiry is that training, on a variety of subjects, could have assisted those individuals who interacted with Mr. Hyde as he moved through the justice and health systems in November 2007.

Policing, guarding people in custody, and delivering health care are services that must be provided 24-7. Training must be provided in such a way that these services can continue without interruption. As well, the people providing these services already have training requirements related to their primary responsibilities, some of which is required to maintain licensing and certification.

The number of people who can benefit from training – some in multiple topic areas – adds to the complexities.

Overview of People Requiring Training

- *2,000 police officers*
- *1,000 paramedics*
- *600 corrections staff*
- *300 lawyers*
- *200 sheriffs' officers*
- *250 ER and acute psychiatric in-patient doctors and nurses (Capital District)*

Training is an ongoing process for people working in both the health care and criminal justice systems. Since Mr. Hyde's death in 2007, partners have worked together on building into the existing training some of the topics that were identified as the highest priorities, such as building awareness of mental illness and related behaviours, crisis intervention techniques, and policies and procedures.

Gaps in training were also reviewed, and a comprehensive plan is being finalized to fill gaps and incorporate new approaches. For example, involving a "first voice" – someone living with mental illness or their family or friend – in training is being pursued. Opportunities to provide shared training sessions for people working in the justice and health care systems are also being examined.

Above all else, training will have as its overarching purpose the development of a culture of respect and empathy within the health and criminal justice systems for people living with mental illness.

Action in Progress

- A training working group, with representatives from the police, Justice, Health and Wellness, the Capital District Health Authority, and the East Coast Forensic Hospital, will develop a comprehensive plan to identify what additional training is required, who should receive it, and how it should be delivered. Training is required to support individuals in
  - understanding and responding to mental illness
  - incorporating crisis intervention and de-escalation techniques before using force (See pp. 37-38.)
  - identifying and caring for people experiencing a psychiatric or medical emergency (including understanding the difference between forensic and civil psychiatric assessments)
  - information sharing (including the HIT form and the *Involuntary Psychiatric Treatment Act*)
  - policies and procedures

Understanding and Responding to Mental Illness

Respect and empathy. Recognizing mental illness and related behaviours. Appropriate response.

The first priority in training is to improve people's understanding of mental illness so they are better prepared to respond appropriately – with respect and empathy and in a way that puts care needs first.

"Our common goal is to see that individuals, and their families, are treated with respect and dignity so they can make positive changes and decrease their involvement with the criminal justice system."

– Justice Minister Ross Landry

Action Complete

- The Mental Health Mobile Crisis Team conducted its first provincial police mental health collaborative workshop. The second workshop is planned for June 2011.

Actions in Progress

- The Mental Health Mobile Crisis Team has trained approximately 60 police officers outside the Capital District, 80 to 90 officers within the Capital District, and six mental health professionals on how they can teach crisis intervention techniques in districts across the province.
- Training to encourage understanding, respect, and empathy for people with a mental illness who come into contact with the law is being developed. The goals are to help people develop appropriate communications skills, such as using respectful language, and to help reduce stigma. Training will describe the types of mental illness, the expected behaviours, and how the person experiencing those behaviours should be approached.
- Current information on community resources and supports will be incorporated into the training.
- This training will target staff in both the health care and justice systems and involve people who are living with mental illness or their friend or family member. This training will be delivered in a way that allows people with different perspectives to interact and explore common issues and experiences.
- The Mental Health Mobile Crisis Team is continuing its training in understanding mental illness and non-violent crisis intervention. It has provided training for the judiciary and Crown and defence attorneys. The team regularly involves people who are living with mental illness or their friend or family member.

People living with mental illness share stories:

The Capital District Health Authority has developed video clips of individuals living with mental illness and their stories of recovery. The clips have been shared with Capital Health staff.

Identifying and Caring for People Experiencing a Psychiatric or Medical Emergency

Support for those first on the scene. Assessment and care.

The first contact with an individual living with mental illness can be the most important. If their illness is affecting their behaviour, that illness must be identified and treated while steps are taken to keep everyone involved safe.

Action Complete

- A standard checklist has been developed to assist 9-1-1 operators and dispatchers in identifying potential mental health issues. This is included in the orientation and annual training for all 9-1-1 operators and dispatchers.

Actions in Progress

- Training is being developed to help people recognize psychiatric symptoms and to help them respond appropriately. This will also include training to help individuals assess if a medical referral is necessary.
- Crisis intervention techniques continue to be emphasized through use-of-force training (see pp. 37-38) and for sheriffs and corrections staff involved in guarding and transporting people in custody.
- Sheriffs, corrections staff, and police continue to receive training on the "recognition of emotionally disturbed people" through the Canadian Police Knowledge Network. This online training reviews the broad categories of emotionally disturbed people, and recommends appropriate ways to respond to individuals in crisis. The training is designed to build confidence for those who are responding to a situation involving individuals living with mental illness and helps them assess if a person's actions are the result of unlawful behaviour or emotional or mental illness.

Judge Derrick highlighted confusion about the differences between forensic and civil psychiatric assessments. A forensic assessment is limited to making recommendations on legal matters of fitness to stand trial and criminal responsibility. Specifically, individuals are asked if they can understand the charges against them, if they can follow court proceedings to ensure that they receive a fair trial, and if their mental illness affected their appreciation of their actions and the results of their actions.

Alternatively, a civil psychiatric assessment considers the impact of mental illness and can lead to an individual getting care and treatment. It is critical that people who work in both the criminal justice and health care systems understand the distinctions between the two assessments, when they are needed and what actions ensue.

Action in Progress

- Training is being adapted and developed to explain the differences between forensic and civil psychiatric assessments (including why and when you would use each). As well, training will be delivered on the *Involuntary Psychiatric Treatment Act* to promote understanding of the intent, powers, and processes under the act.

Information Sharing

Review of policies and procedures. Proper use of forms.

Information sharing is critical within the health care and criminal justice systems and between them. We agree with Judge Derrick that information did not flow as it should have with Mr. Hyde. As discussed on pp. 22-24, people must have a clear understanding of policies and procedures and how to use the forms and other tools available to them to support effective information sharing.

Action Complete

- Information has been sent to district health authorities (for circulation in ERs) and to police agencies on the purpose and significance of the Health Information Transfer (HIT) form. Tips on how to complete it appropriately have also been provided.

Actions in Progress

- Training is being developed to cover existing policies and procedures on information sharing, including health and non-health information.
- Training is being developed on the HIT form, why and when you use it, and who is responsible for completing specific sections.
- The Capital District Health Authority will prepare a confidentiality worksheet and tool kit for use by staff and physicians working in the Offender Health Unit, emergency departments, and other areas. The tool kit will be consistent with the requirements of the *Personal Health Information Act* and sharing of health information regulations.
- The Capital District Health Authority is developing a series of educational and support materials for staff and patients relating to issues including the interaction of the various legal and health care systems, confidentiality, and the *Involuntary Psychiatric Treatment Act*.

Policies and Procedures

Assessments. Criminal justice processes.

Mr. Hyde's experience has illustrated that some people working within health care have a limited understanding of the policies and procedures within the justice system, and vice versa. While this is understandable, it represents an information and training gap that must be bridged to ensure the appropriate treatment of people living with mental illness who come into contact with the justice system.

Actions in Progress

- Training is being developed on criminal justice processes such as arraignment, bail, and remand as well as an understanding of the responsibility, authority, and scope of health care professionals within the justice system.
- Collaborative training focused on mental health issues is being adapted for both health and corrections staff of the Offender Health Unit at the Central Nova Scotia Correctional Facility.

Actions Mid- to Long-Term

- Justice will work with the Public Prosecution Service, Nova Scotia Legal Aid, the Barristers' Society, and the Criminal Lawyers' Association on how to adapt and deliver training modules for lawyers.
- The departments of Justice and Health and Wellness will work with the Capital District Health Authority and Dalhousie Medical School on how to adapt and deliver training for ER physicians and other ER and health care staff.
- Existing policies and procedures are being analysed to identify gaps. Training will incorporate any new policies or procedures that could be developed as a result of this analysis.

SUMMARY OF ACTIONS

ACTION	COMPLETE	IN PROGRESS	MID- TO LONG-TERM
Training working group completing comprehensive plan		•	
Understanding and Responding to Mental Illness			
First provincial police mental health collaborative workshop	•	Second Workshop June 2011	
Crisis intervention training for police	•	ongoing	
Training on respect and empathy; language and communications skills; description of mental illnesses, behaviours and effective responses		•	
Information on community resources and supports		•	
Mental Health Mobile Crisis Team crisis intervention training		•	
Identifying and Caring for People Experiencing a Psychiatric or Medical Emergency			
Standard checklist and training for all 9-1-1 operators and dispatchers	•		
Training to identify and help people experiencing a psychiatric emergency		•	
Crisis intervention techniques part of use-of-force training	•	ongoing	
Training on recognizing "emotionally disturbed people"	•	ongoing	
Training on differences between forensic and civil psychiatric assessments		•	
Information Sharing			
Instructions on purpose and significance of HIT form; tips on completion	•		
Training on policies and procedures		•	
Training on HIT form		•	
Confidentiality worksheet and tool kit		•	
Educational materials on confidentiality issues and *Involuntary Psychiatric Treatment Act*		•	
Policies and Procedures			
Training on criminal justice processes (e.g., arraignment, bail, remand)		•	
Collaborative training on mental health issues for health and corrections staff at correctional facility		•	
Adapted training for lawyers and ER staff			•
Gap analysis on policies and procedures			•

The Use of Force

The inquiry focused on the use of force – both deployment of a conducted energy weapon and restraint by police and corrections officers. While the inquiry found that police and corrections officers used force that was reasonable, more can be done to clarify Nova Scotia's guidelines, particularly as they relate to conducted energy weapons and prone restraint.

First, a clear understanding of how the use of conducted energy weapons may affect individuals in an autonomic hyperarousal state is needed.

Second, clear policies and procedures must be in place to guide when a conducted energy weapon should be used.

Third, crisis intervention and de-escalation techniques must be emphasized in use-of-force training.

Fourth, appropriate oversight must occur to monitor, analyse, and report on the use of conducted energy weapons.

Understanding the Issue

Working with partners. Acting on advice.

A panel of experts representing psychiatry, emergency medicine, policing, the medical examiner service, mental health services, and the Schizophrenia Society of Nova Scotia has reviewed the autonomic hyperarousal state, its role in in-custody deaths, the risks associated with various types of restraint, and the protocol for law enforcement officers when individuals demonstrate signs and symptoms of experiencing this state. (See Report of the Panel of Mental Health and Medical Experts Review of Excited Delirium, www.gov.ns.ca/just/public_safety)

Action Complete

- Government has acted on the panel's recommendations.
  - The phrase "excited delirium" has been replaced with "autonomic hyperarousal state."
  - Police and paramedics are receiving more training on how to recognize the signs and symptoms of mental illness.
  - Conducted energy weapons or physical restraint should only be used on individuals displaying signs or symptoms of autonomic hyperarousal state if attempts at de-escalation are ineffective or impractical.
  - The restraint of individuals displaying signs and symptoms of autonomic hyperarousal state should be considered a medical emergency, and vital signs should be closely monitored while awaiting medical help.

When to Use a Conducted Energy Weapon

High-risk situations. After de-escalation and crisis intervention.

Law enforcement officers must have appropriate tools to assist them in maintaining public safety. At the same time, people living with mental illness may already be experiencing a high level of anxiety and the use of restraint could escalate the situation.

The province and policing partners agree that the use of conducted energy weapons should only occur when a person's behaviour is aggressive or violent and could harm the person, or the public, or the police officer. Additional direction is required regarding the restraint of individuals with mental illness.

Actions Complete

- National guidelines have been developed on the use of conducted energy weapons. (See the Public Safety Canada site, www.publicsafety.gc.ca/prg/le/gucew-ldrai-eng.aspx)
- Given the potential for medical risk, 9-1-1 operators and dispatchers have been advised to contact paramedics as well as police to respond to calls involving people displaying symptoms of autonomic hyperarousal state.

Action in Progress

- Comprehensive provincial guidelines on the use of conducted energy weapons are being finalized in consultation with police, sheriffs, and corrections staff. Provincial guidelines will be consistent with the national guidelines, reflect recommendations from the Hyde inquiry and the work of other expert advisory panels, and include specific direction regarding people living with mental illness or experiencing a psychiatric emergency. De-escalation and crisis intervention techniques should be used whenever practical and appropriate.

Conducted Energy Weapon Training

De-escalation emphasized. Monitoring impact of restraint.

Law enforcement officers must often perform their duties in high-risk situations and in situations that can quickly escalate. In these circumstances, they must make rapid decisions, and they require solid training on policies and procedures to prepare them to make these decisions.

Actions Complete

- The conducted energy weapons training program, including the training manual, has been revised by the Department of Justice and police agencies, based on best practices in other provinces and territories. The training emphasizes the decision-making process in use-of-force issues, crisis intervention, de-escalation, and non-violent alternatives. The revised training manual is now the basis for all conducted energy weapons training in the province – for police agencies, corrections staff, and sheriffs.
- The Department of Justice, in partnership with the Atlantic Police Academy, has re-certified all conducted energy weapons instructors in Nova Scotia, based on the revised training manual. All instructors must re-qualify every three years to ensure that all law enforcement staff that use conducted energy weapons continue to be trained to the provincial standard. All who use conducted energy weapons must be re-certified every two years.
- A use of force working group has been established, with representatives from law enforcement communities across Nova Scotia, to continue consultation and coordination as training and policies are developed.
- All provincial policies, training materials, and procedures refer to "conducted energy weapons" and rely on Taser International for technical information only.

Restraint of individuals displaying signs and symptoms of autonomic hyperarousal state requires careful monitoring of the impact of the restraint on the individual's physical condition.

Actions Complete

- Corrections' Use of Physical Force Policy has been revised. The direction states that "during planned or unplanned interventions, a responder must be designated to monitor the breathing of the person being restrained."
- Use-of-force training provided to corrections staff and sheriffs is based on the revised policy.
- Compliance with this policy is managed via regular audits through Policing Services.

Oversight

Monitoring. Analysis. Reporting.

Oversight must occur to monitor, analyse, and report on the use of conducted energy weapons across the province.

Actions Complete

- A use-of-force co-ordinator has been hired to lead the development of policies and standards and to ensure effective oversight by the Minister of Justice on use of force by enforcement agencies throughout the province.
- The Department of Justice has begun recording data on all uses of conducted energy weapons across the province. Analysis of this data has begun, showing that use of conducted energy weapons has dropped significantly since 2007. The use of the probe – the most forceful application – has decreased most significantly, by 74 per cent between 2007 and 2010.

Use of Conducted Energy Weapons (CEWs)

	2007	2010	% CHANGE
CEW drawn and displayed	92 times	70 times	24 per cent decrease
Contact stun	43 times	20 times	53 per cent decrease
Probe	51 times	13 times	74 per cent decrease

SUMMARY OF ACTIONS

ACTION	COMPLETE	IN PROGRESS	MID- TO LONG-TERM
Understanding the Issue			
"Excited delirium" term replaced with "autonomic hyperarousal state" (AHS)	•		
Paramedics and police training to recognize signs of AHS	•		
Use of conducted energy weapons only if de-escalation fails	•		
Monitoring vital signs of restrained individuals	•		
When to Use a Conducted Energy Weapon			
National guidelines developed	•		
Paramedics called to situations when people demonstrate symptoms of AHS	•		
Provincial guidelines		•	
Conducted energy weapon training and manual revamped to emphasize de-escalation and crisis intervention	•	ongoing	
Conducted energy weapons instructors re-certified based on new training	•	ongoing	
Use of force working group established	•		
Policy and training materials reference conducted energy weapons, not tasers	•		
Corrections' Use of Physical Force Policy revised and reflected in training	•	ongoing	
Audits	•	ongoing	
Oversight			
Use-of-force coordinator hired	•		
Data collection and analysis on use of conducted energy weapons	•	ongoing	
Use of conducted energy weapons down	•		

Supports within the Criminal Justice System

While most people living with mental illness will never commit a crime, some do come into conflict with the law.

The primary objective for individuals whose actions result from their illness, and not ill intent, is to offer diversion programs that move them onto a path of recovery as they also take responsibility for their actions.

As well, supports must exist within the criminal justice system so people living with mental illness get the care they need while in court and custody and after discharge as they transition into the community.

While the number of people living with mental illness who come into conflict with the law is significantly lower outside metro, those who need services deserve those services, regardless of where they live.

Action Mid- to Long-Term

- The departments of Health and Wellness and Justice will work with district health authorities outside Capital District to review the existing mental health supports available within the justice system. As work continues related to the province's Better Care Sooner plan and after the Mental Health and Addictions Strategy is developed, services will be adapted or expanded to fill the identified gaps.

Diversion

Mental health court, Restorative justice

A mental health court is a diversion program itself.

"People with mental illnesses often cycle repeatedly through courtrooms, jails, and prisons that are ill-equipped to address their needs and, in particular, to provide adequate treatment. Over the past decade or so, policy-makers and practitioners have been exploring new ways of responding to these individuals to break this costly and damaging cycle ... One of the most popular responses to emerge has been the mental health court, which combines court supervision with community-based treatment services, usually in lieu of a jail or prison sentence."

– Mental Health Courts: A Guide to Research and Informed Policy and Practice, 2009, Consensus Project, Council of State Governments

The mental health court program works with clients who have been assessed as having a mental illness which affects their criminal behaviour. A team of mental health and justice professionals works with the clients, and their families, to develop a community support plan. The goal is to treat Nova Scotians living with mental illness fairly and compassionately and to help them improve their mental health which, in turn, reduces risk to public safety.

Actions Complete

- Nova Scotia's first mental health court opened in November 2009. This court is focused on individuals and their illness, not just their crimes. The court also provides support and understanding for people living with mental illness as they take responsibility for their actions.
- Since the court opened, 25 individuals have completed the program. More than 40 people are currently participating in the program, and 34 referrals are being screened.

Action Mid- to Long-Term

- Nova Scotia hopes to participate in an Atlantic evaluation of mental health courts. Objectives include gaining a better understanding of the needs of the individuals being served by the mental health court and determining whether the mental health court effectively reduces criminal behaviour as well as improves health outcomes. The province is awaiting approval for federal funding for this study.

We want to also ensure that people living outside metro have access to diversion programs or other supports outside the courtroom setting.

Action in Progress

- An Integrated Adult Restorative Justice Pilot Program is now accepting referrals in Colchester–East Hants and the Cape Breton Regional Municipality. Police can refer individuals before charges are laid, or the Crown may do so after the individual has been charged. This pilot project will be evaluated and will consider how diversion programs can be made available in more communities. While this program is not limited to individuals living with mental illness, it is expected to benefit those who are.

Supports in Court and Custody

Monitoring. Appropriate staffing. Timely care and treatment.

The justice system is responsible for responding to the physical and mental health needs of all individuals in custody. This involves appropriate monitoring of people in custody, staff with appropriate knowledge and training, and timely care and treatment.

Actions Complete

- A services and support in court processes working group is in place, including representatives from government, the Public Prosecution Service, Capital District Health Authority, Mental Health Mobile Crisis Team, and Legal Aid.
- A working group on health care at the Central Nova Scotia Correctional Facility and East Coast Forensic Hospital is in place.
- The Public Prosecution Service is continuing its arrangement with the East Coast Forensic Hospital so psychiatrists are available quickly at the Halifax and Dartmouth provincial courts. This will help to ensure that forensic assessments can occur without delay.
- Health staff, along with corrections staff, check on people in custody in the health segregation unit at the Central Nova Scotia Correctional Facility who are being monitored or have been identified as being at risk.
- Tip sheets are now posted on all health segregation cell doors, providing information on signs and symptoms to watch for and report on for individuals being monitored. The information is general in nature to maintain individual confidentiality.
- The Department of Justice has purchased and installed video surveillance cameras in health segregation cells to help identify when someone is in crisis.

Actions in Progress

- The Capital District Health Authority is working with the Central Nova Scotia Correctional Facility to review the initial admissions assessment screening tool. (See p. 23.)
- The Capital District Health Authority is reviewing staffing levels within the correctional facility. Currently, the staff and services available exceed the national standard.
- The Capital District Health Authority and the Department of Justice are consulting on the use of beds within the Mentally Ill Offender Unit at the East Coast Forensic Hospital. Currently, 12 of the 24 beds are restricted to patients awaiting court-ordered assessments and the other 12 to people requiring treatment. Discussions are focused on how to use these beds with greater flexibility, as needs vary at different times. Beds could also be used for patients who do not fit the current criteria; for example, beds could be used for patients requiring observation.

Transition to the Community

Housing a basic requirement.

Housing is a basic requirement that all individuals have a right to expect. People living with mental illness can only successfully transition back into the community if they have a safe place to stay.

Housing is an issue for many individuals living with mental illness. Someone who has also committed a crime can face further stigma.

The Department of Community Services has been working closely with the shelter community, non-profit organizations, housing authorities, private landlords, and district health authorities on a number of initiatives to help move people, including those living with mental illness, from temporary to permanent housing. Opportunities now exist to build on these partnerships to involve the Department of Justice and help people living with mental illness who are moving out of custody and into the community.

Action Complete

- Community Services has joined the Mental Health and Justice Liaison Committee and will bring the issue of homelessness to the table, with ideas on how to build on current initiatives.

Actions in Progress

- The Department of Community Services meets monthly with shelter operators and non-profit organizations to look at long- and short-term solutions to the issue of homelessness.
- The Department of Community Services provides shelters with rent supplements to help people in shelters move into permanent housing. Private landlords and housing authorities are part of the partnership and work to ensure that the new tenants are moved into the building like any other tenants – with their health conditions and financial arrangements kept strictly confidential. Ongoing support is provided to the tenants as needed by the shelter providers and caseworkers; for example, developing skills such as budget management and connecting individuals with community resources related to mental health.
- The province is advocating with the federal government on the need for a national housing strategy. This would assist in bringing funding to priorities such as housing for individuals living with mental illness, given that housing is cost-shared between the federal and provincial governments.
- More than $10 million is being invested in community living units to help people recovering from mental illness make the transition from hospital to independent living. (See p. 10.)

Action Mid- to Long-Term

- A pilot project is being discussed on ways to mirror the partnership with the shelter community with the justice community so that people can be identified before they leave custody and can be moved into permanent housing, either with a private landlord or within a housing authority. They must also be appropriately monitored and supported for their own effective transition back into the community and to protect the safety of other residents.

"Supportive housing can help end homelessness for people with disabilities, medical issues, or other barriers to housing stability. People deserve a home where they can put down roots and where they can access a support person who can connect them to health care services and help them become part of a community."

– Community Services Minister Denise Peterson-Rafuse

SUMMARY OF ACTIONS

ACTION	COMPLETE	IN PROGRESS	MID- TO LONG-TERM
Review of mental health supports within justice system province-wide			•
Diversion			
Mental health court opened	•		
Evaluation of mental health court			•
Integrated Adult Restorative Justice Pilot Program		•	
Supports in Court and Custody			
Services/support in court processes working group in place	•		
Psychiatrists available at metro courts for assessments	•		
Health care at correctional facility and forensic hospital working group in place	•		
Health-staff checks on people in custody	•		
Tip sheets on cell doors on behaviours and symptoms to monitor	•		
Video surveillance cameras installed	•		
Development of new screening tool before admission to correctional facility		•	
Health staff level review in correctional facility		•	
Consultation on use of beds at East Coast Forensic Hospital		•	
Transition to the Community			
Community Services on Mental Health and Justice Liaison Committee	•		
Regular meetings with shelter community	•	ongoing	
Rent supplements to help shelters move people to permanent housing	•	ongoing	
Advocating for national housing strategy	•	ongoing	
Pilot on moving people with mental illness coming out of custody into housing			•

Conclusion

Reporting Progress

Over the past 45 pages about 90 actions have been listed, involving hundreds of people. Some are straightforward. Others are complex issues that people are struggling with across the country and beyond.

Each of the working groups are including evaluation plans to effectively measure the results they anticipate from their actions. This will include collecting, analyzing and reporting on data ranging from patient outcomes to the use of conducted energy weapons. More significantly, the data will be used to measure progress and to help adapt plans and priorities as required.

Judge Derrick noted in her report that progress is being made but

"... for all that is done well, as a society, we can do better."

We wholeheartedly agree, and we will report on the progress, and challenges, in each of the priority areas in 2012.

Appendix A

Mental Health Services

Mental health involves a full continuum of services, from early prevention to treatment for every age group. Below is a list of services for children, youth, and adults. For more information on any of these programs, contact your local district health authority or call HealthLink 8-1-1.

SERVICES FOR CHILDREN AND YOUTH

Mental health services for children and youth are provided through the IWK Health Centre and all district health authorities. Not all programs are available in every district.

- Adolescent Day Treatment Program
- The Adolescent Centre for Treatment (ACT)
- Transition Service Team
- Child and Family Day Treatment Program
- Autism Treatment – Early Intensive Behavioural Intervention (EIBI) Program
- Maternal/Child Mental Health
- Inpatient Mental Health Assessment and Treatment
- Community Mental Health Clinics
- Compass Program (inpatient treatment service for severe behaviour disorders)
- Youth Navigator
- Stronger Families
- Youth Forensic Mental Health Services
- Intensive Community-Based Treatment Team
- Crisis Intervention Services
- Tele-psychiatry and Traveling Psychiatry Clinics
- Collaborative Initiatives
- Depression Strategy for Children and Youth
- Mental Health Specialty Services
- Nova Scotia Early Psychosis Program (NSEPP)
- Court-ordered Assessment and Treatment Services
- Treatment for Sexual Aggression

- Addiction Services
- The Choices Program (substance abuse, mental health issues, and/or gambling)
- Child Welfare Mental Health Team
- Reproductive Mental Health Services

SERVICES FOR ADULTS

All district health authorities have mental health programs that provide prevention, education, assessment, diagnosis, and treatment. Not all programs are available in every district.

- Shared Care Services (with family doctors and community agencies)
- Community Mental Health Services and Satellite Clinics
- Crisis Response Service
- Psychiatric Emergency Services
- Inpatient Services
- Mental Health Mobile Crisis Team (Capital Health/IWK)
- Community Psychosocial Rehabilitation and Support Services
- Recovery and Integration Services (includes Connections Clubhouse, New Beginnings Clubhouse, Intensive Case Management, Supportive Community Outreach Teams, Complex Case Management, and Housing Support)
- Nova Scotia Early Psychosis Program (NSEPP)
- Forensic Mental Health Services (East Coast Forensic Hospital)
- Mental Health Specialty Services (includes Early Psychosis Program, Eating Disorders, Seniors Services, Sleep Disorders, Community Outreach Assessment and Services Team, Mental Health Day Treatment, and Reproductive Mental Health)

Appendix B

Mental Health and Addictions Strategy Advisory Committee

Dr. Michael Ungar and Joyce McDonald are the co-chairs of the 12-person advisory committee.

Dr. Ungar has been a social worker and family therapist for more than 25 years, working with children and families in child welfare, mental health, and educational and correctional settings.

Ms. McDonald worked for the Colchester East branch of the Canadian Mental Health Association for 24 years, including the position of executive director. She has a background in psychiatric nursing.

- Chief Frank Beazley – *Chief of Police for Halifax Regional Police since 2003 (Halifax)*
- Dr. Simon Brooks – *Chief of Psychiatry at the South Shore District Health Authority (Bridgewater)*
- Andy Cox – *Mental health advocate at the IWK Health Centre (Halifax)*
- Paul d'Entremont – *Founding member of Réseau Santé – Nouvelle-Écosse and its executive director (West Pubnico)*
- Daphne Hutt-MacLeod – *Director of Eskasoni Mental Health Services (Eskasoni, Cape Breton)*
- Jessica Inkpen – *A young woman from Halifax who has struggled with anorexia for many years (Halifax)*
- Lana MacLean – *A Halifax social work clinician and member of the African Nova Scotian community (Halifax)*
- Cecilia McRae – *President of the Schizophrenia Society of Nova Scotia (Merigomish, Pictou County)*
- Patti Melanson – *Coordinator of the North End Clinic's Mobile Outreach Street Health Program (Halifax)*
- Dr. Laurie Mallery – *Head of the Division of Geriatric Medicine at Dalhousie University and director of the Centre of Health Care of the Elderly at the QEII Health Sciences Centre (Halifax)*
- Kathleen Thompson – *The mother of a young woman who is battling an eating disorder (Halifax)*
- Catherine Thurston – *Former director of Mental Health Services for the Cumberland Health Authority (Tidnish Bridge, Cumberland County)*

(Note: Additional biographical information on committee members is available at http://gov.ns.ca/health/mhs/mental-health-strategy.asp*.)*

Appendix C

Mental Health and Justice Liaison Committee

MEMBERSHIP:

- Patricia Murray *(Chair), A/Executive Director, Mental Health, Children's Services, and Addiction Services, Department of Health and Wellness*
- Stephen Ayer, *Executive Director, Schizophrenia Society of Nova Scotia*
- Ken Bowes, *RN, East Coast Forensic Hospital, Mental Health Offender Unit*
- Dr. Ruth Carter, *Director, Mental Health & Addiction Services, IWK Health Centre*
- Sara Gorelick, *Team Lead, Legal Services, Department of Justice*
- Gail Gardner, *Executive Director, Canadian Mental Health Association – NS Division*
- Frederick Hildebrand, *Director, Sheriff Services, Department of Justice*
- S/Sgt. Allan Hearn, *RCMP, "H" Division*
- Peter Lederman, *Chairperson, Criminal Court Review Board*
- Diana MacKinnon, *Director, Correctional Services, Department of Justice*
- Barbara MacKeigan, *Justice Learning Centre*
- Chief David MacNeil, *Truro Police Department*
- Peter Mancini, *Nova Scotia Legal Aid*
- Valerie Pottie Bunge, *Director, Policy, Planning and Research, Department of Justice*
- Fred Sanford, *Director, Policing Services, Public Safety and Security, Department of Justice*
- John Scott, *Senior Crown Counsel, Public Prosecution Service, Department of Justice*
- Ken Scott, *Acting Director, Adult Mental Health, Department of Health and Wellness*
- James MacLean, *Offender Health, CDHA*
- Charlene Casey-Gomes, *Health Services Manager, Offender Health*
- Superintendent Robin McNeil, *Halifax Regional Police*
- Terry Taylor, *Nova Scotia Health Research Foundation*
- Dr. Scott Theriault, *Clinical Director, East Coast Forensic Hospital*
- Dan Troke, *Director of Housing, Department of Community Services*
- Ken Winch, *Executive Director, Court Services, Department of Justice*
- Dr. Philip Yoon, *District Chief, Department of Emergency Medicine, Capital District Health Authority, and Professor & Head, Department of Emergency Medicine, Dalhousie University*

Appendix D

Mental Health and Justice Liaison Committee

TERMS OF REFERENCE

BACKGROUND: A substantial number of people with mental disorders move back and forth between the criminal justice system and the mental health system. As a result, more than one department is involved with these patients at the same time. It should be noted that the Department of Health and Wellness is responsible for the provision of health services within all correctional facilities. In 2010 the judicial inquiry into the death of Howard Hyde recommended that the Joint Forensic Committee be terminated and a new working group be established to look at the services provided to individuals with mental illness within the criminal justice system as well as the relationships between the health and justice systems in providing services to these individuals.

AUTHORITY: Minister of Health and Wellness, Minister of Justice

MANDATE:

- To address the identified recommendations of the Hyde report
- To ensure integrated services for youth and adults living with mental illness who are served by the health and justice systems
- To emphasize the dignity and human rights of people with mental illness who are in conflict with the law

CHAIRPERSON: Executive Director, Mental Health, Children's Services and Addiction Services

SPECIFIC OBJECTIVES:

- To address the identified recommendations of the Hyde report through the development of working groups
- To act as a reference group for the established working groups
- To provide direction and leadership in ensuring the ongoing development of an integrated forensic service system for youth and adults
- To identify the need for and recommend the development of policies, guidelines, and protocols in support of forensic services for Mental Health/Justice/Prosecution Services/Police

- To provide a forum for the resolution of the identified issues and service delivery problems (brought forward by stakeholders) that interfere with the ongoing development and maintenance of an integrated forensic service system for youth and adults
- To monitor/address the quality and safety issues identified for people in custody who are living with mental illness

DELIVERABLES: An annual report to the Minister of Health and Wellness and the Minister of Justice

FREQUENCY OF MEETINGS: Monthly or at the request of the Chairperson

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